

APPLICATION DEADLINE: MAY 8, 2026

Application must be typed or written legibly.

2025-2026

Hilander Dental Scholarship Application

www.hilanderdental.com

Criteria: Must be a graduating high school senior from Kelso, R.A. Long, Mark Morris or Three Rivers Christian planning on attending an accredited two or four year college or university and/or trade school, for a dental related career or any graduating high school senior that is a Hilander Dental patient. Scholarship amounts include two, \$500 and one, \$1000.

Instructions: A complete application in the following order includes: This application form, two letters of professional recommendations, such as teachers, employers or coaches and a copy of high school transcripts. When complete, mail or drop off the application packet with all required documentation stapled together to: Hilander Dental, 510 Allen St., Kelso, WA, 98626.

Full Name_____

Mailing Address_____

City_____State_____Zip_____

Phone Number_____E-Mail_____

High School Attending_____

Major Field of Study_____

College or University

Attending _____

ACCOMPLISHMENTS: List no more than four (4) items for each of the following categories. Please include your leadership roles relative to these items.

A. School Activities Please list extracurricular club, athletic, student leadership and performing arts activities for which you have been a contributing member.

B. Civic Involvement Please list club, political, group, church and community involvement for which you have been a contributing member.

C. Current or Previous Employment History Please list current job and/or last job held.

D. Honors and Awards Please list the most significant honors and awards you have received. Include nature of award and year received.

EDUCATIONAL GOALS: Explain your choice of a career and what qualifications, skills, and talents you feel you have for your chosen field. Relate your accomplishments to your educational goals.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

Certification: Please certify that all the information contained in this application packet is correct. I agree to abide by the decisions of the Hilander Dental Scholarship Committee and understand that the decisions of the committee will be final and not open to contest.

Applicants Signature _____ Date _____

Award Notification

The Hilander Dental Scholarship Committee considers recipients for three (3) scholarships. The scholarships are awarded competitively on the basis of academic achievement, as well as other criteria, including recommendations and statements made by the applicant.

Scholarships will be awarded during June for the 2025-2026 school year. Award notification will only be sent to scholarship recipients. Good luck to all the applicants!

Sincerely,

The Hilander Dental Scholarship Committee